<ANSSET><UNTBL><TTL>**Chapter 9**</TTL>

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| <TB><BOLD>**1.1**</BOLD> The student nurse realizes that the people who utilize mental health services (children, adolescents, adults) are called the:</TB> | <TB>Answer: a</TB>  <TB>Rationale: Consumers, those people who utilize mental health services, are children, adolescents, adults, and older adults from all segments of society. Families, patients, and students would all be included as consumers.</TB>  <TB><P>Application</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 1.1</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Consumers.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Families.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Patients.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Students.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**1.2**</BOLD> The advanced practice nurse (APN) improves access to mental health settings by:</TB> | <TB>Answer: c</TB>  <TB>Rationale: Advanced practice nurses are accountable for implementing evidence-based practice research in direct client care. Advanced practice nurses throughout the world improve access to mental health services. The advanced practice nurse (APN) provides leadership to improve care and advance nursing practice and health care delivery systems.</TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P></TB>  <P>Learning Objective 1.2</P></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Having a doctorate in mental health nursing.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Utilizing the prescriptive authority granted to advanced practitioners.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Implementing results of evidence-based research in direct client care.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Improving community centers through action.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**1.3**</BOLD> The nursing student knows that the mental health professionals who focus on the biochemical treatment of mental illness are:</TB> | <TB>Answer: b</TB>  <TB>Rationale: Psychiatrists are responsible for diagnosing mental disorders and prescribing medications and other somatic therapies. While most focus on the biochemical treatment of mental illness, some are well educated in psychotherapy. Most clinical psychologists are educated in psychotherapy and conduct individual, couples, family, and group sessions. Oncologists are physicians who study, diagnose, and treat cancer. Social workers are trained professionals best informed about referral resources for clients.</TB>  <TB><P>Application</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 1.3</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Psychologists.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Psychiatrists.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Oncologists.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Social workers.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**1.4**</BOLD> The student nurse in a mental health clinic is taught that the nurse who bridges the gap between mental health and medical-surgical nursing is the:</TB> | <TB>Answer: b</TB>  <TB>Rationale: Psychiatric consultation liaison nurses (PCLNs) have expertise in medical-surgical nursing and psychiatric-mental health nursing. They bridge the gap between mental health and medical-surgical nursing care by providing short-term, crisis interventions. A medical-surgical manager and psychiatric charge nurse would work with the psychiatric consultation liaison nurse. A geri-psychiatric nurse works with elders.</TB>  <TB><P>Application</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 1.4</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Geri-psychiatric nurse.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Psychiatric consultation liaison nurse.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Psychiatric charge nurse.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Medical-surgical nurse manager.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**2.1**</BOLD> The nurse is explaining the term “milieu” to a client. The nurse teaches that the term refers to a:</TB> | <TB>Answer: c</TB>  <TB>Rationale: In its earliest conception, milieu was a word that described a scientifically planned community. Research efforts focused on defining the types of environments that would be most therapeutic for specifically diagnosed psychiatric clients. Group homes are one setting for providing mental health care. The term “mentally insane” is not a valid psychiatric-mental health term. Measuring behavior does not apply.</TB>  <TB><P>Analysis</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 2.1</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Group home.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Unit for measuring behavior in mental health clinics.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Scientifically planned community.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Community for the mentally insane.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**2.2**</BOLD> The mental health nurse knows that milieu therapy goals include:</TB> | <TB>Answer: b</TB>  <TB>Rationale: Goals for milieu therapy include treating clients as responsible people who have the right to choose and participate in a variety of treatments. Clients choose the “best” treatment for their situation. Relationships with health care professionals are informal. Medication abstinence is not a component of milieu therapy.</TB>  <TB><P>Analysis</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 2.2</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Selection of the “best” treatment for the client.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>The client’s right to choose treatment and be responsible.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Formal relationships with the nurses and doctors.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Group therapy that emphasizes medication abstinence.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**2.3**</BOLD> The nurse is discussing listening and communicating with mental health clients in the therapeutic milieu. Clients are encouraged to express their thoughts and feelings and staff members are to:</TB> | <TB>Answer: d</TB>  <TB>Rationale: Communication between all people in the milieu is open, honest, and appropriate. Clients are encouraged to express their thoughts and feelings without retaliation, and staff members have a responsibility to hear what clients are saying without feeling threatened. Telling the client what to do or pointing out discrepancies in what the client says are not therapeutic. Keeping the client on task is not the emphasis of therapeutic communication.</TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 2.3</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Hear the client and point out discrepancies in stories.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Keep the client on task.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Tell the client what they should do to get better.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Hear what the client says without feeling threatened.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**2.4**</BOLD> The nurse knows in the past, inadequate community and occupational skills often limited clients who had severe mental illness. Today, though some teaching is best done in the client’s own setting, priority community-based teaching would be for:</TB> | <TB>Answer: d</TB>  <TB>Rationale: Individuals with severe mental illness often benefit from social skills training, focusing primarily on the teaching of basic coping skills necessary to live as autonomously as possible in the community. Job training will come after the client is able to interact well with others. ADL skills are beneficial, but clients will be taught these skills in their own setting. Conflict management skills will be taught after the social skills training.</TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 2.4</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Conflict management skills.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Job training.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>ADL skills.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Social skills training.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**2.5**</BOLD> A client in outpatient therapy has become more withdrawn and spends most free time alone watching old movies on television. The nurse helps the client understand that an important aspect of leisure-time and social skills is to increase the client’s:</TB> | <TB>Answer: b</TB>  <TB>Rationale: Clients are encouraged to find leisure and social activities that are enjoyable and involve interaction with others. Self-esteem, assertiveness, and control may be improved, but they are not the main focus of leisure-time skills.</TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 2.5</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Self-esteem.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Interaction with others.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Assertiveness.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Feelings of control.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**3.1**</BOLD> A nursing student is planning to sit in on a remotivation therapy group. The student expects that a primary focus of the group will be to encourage:</TB> | <TB>Answer: c</TB>  <TB>Rationale: Remotivation therapy encourages an attitude of hope and enthusiasm and works toward internal motivation. Self-esteem intervention is not the focus of remotivation therapy. Sharing memories occurs in reminiscence therapy. Nonverbal communication is helped through communication skills.</TB>  <TB><P>Application</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 3.1</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Sharing clients’ memories.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Helping clients increase their self-esteem.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Building an attitude of hope and enthusiasm.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Understanding nonverbal communication.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**3.2**</BOLD> Exercise would be included in client therapy because the psychological benefits include:</TB> | <TB>Answer: a</TB>  <TB>Rationale: Studies on the psychological benefits of exercise show that there is less depression and anxiety and better self-esteem when the client population engages in exercise. Exercise also appears to have a positive effect on self-concept, mastery, self-sufficiency, body image, cognitive processing, and attention to the here-and-now. There is no scientific proof that exercise affects the symptoms of schizophrenia or post-traumatic stress disorder.</TB>  <TB><P>Application</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 3.2</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Less depression and better self-esteem.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Increased self-esteem, but a negative body image.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Decreased symptoms of schizophrenia.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Increased post-traumatic stress disorder symptoms.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**3.3**</BOLD> The nurse is using reminiscence therapy with a client. The client most likely has:</TB> | <TB>Answer: d</TB>  <TB>Rationale: Reminiscence is a guided recollection and is one of the most popular psychosocial interventions for people with dementia because it encourages clients to remember the past and share their memories with family, peers, or staff. Reminiscence therapy is not a priority therapy for clients with schizophrenia, manic-depression, or hallucinations.</TB>  <TB><P>Analysis</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 3.3</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Auditory and visual hallucinations.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Schizophrenia.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Manic-depression.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Dementia.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**3.4**</BOLD> The components of self-esteem are:</TB> | <TB>Answer: b</TB>  <TB>Rationale: Self-esteem involves two components: the cognitive judgment of one’s abilities or appearance and the emotional reaction to that judgment. People with high self-esteem have more positive evaluations of themselves, whereas those who have low self-esteem have more negative self-evaluation. Motivation is associated with remotivation theory, and ADL demonstrations with ADL skills. Self-evaluation is a component of self-esteem, but encouragement is not.</TB>  <TB><P>Analysis</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 3.4</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Motivation and cognition.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Cognitive judgment and emotional reaction.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>ADL demonstrations.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Self-evaluation and encouragement.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**4.1**</BOLD> The nursing student caring for an abused client in the emergency room realizes this client has experienced:</TB> | <TB>Answer: b</TB>  <TB>Rationale: Unexpected life changes—such as divorce, serious illness, or death—may result in situational crises. Changes that are anticipated at particular ages are referred to as maturational crises. There is no information indicating the client has Parkinson’s disease or is experiencing a spiritual crisis.</TB>  <TB><P>Analysis</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 4.1</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>A spiritual crisis.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>A situational crisis.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Parkinson’s disease.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>A maturational crisis.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**4.2**</BOLD> A client newly diagnosed with HIV/AIDS seeks the nurse’s assistance with the immediate problem of telling family members about the diagnosis, then regaining an emotional equilibrium. The nurse knows this is the primary goal of:</TB> | <TB>Answer: d</TB>  <TB>Rationale: The primary goal of crisis intervention is to assist the client in resolving the immediate problem and regaining emotional equilibrium. Reminiscence therapy focuses on strengths and past experiences. Self-esteem intervention involves two components: the cognitive judgment of one’s abilities or appearance and the emotional reaction to that judgment. Remotivation therapy focuses on people’s abilities rather than their problems.</TB>  <TB><P>Analysis</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 4.2</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Remotivation therapy.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Reminiscence therapy.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Self-esteem intervention.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Crisis intervention.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**4.3**</BOLD> The nurse knows that clients can draw on or learn from various skills so they can adapt to a crisis state. These include:</TB> | <TB>Answers: a, b, e</TB>  Rationale:  <TB><BL><ITEM><P><INST>•  </INST><BOLD>**Affective skills**</BOLD> focus on managing the feelings provoked by the event and maintaining a reasonable balance.</P></ITEM>  <ITEM><P><INST>•  </INST><BOLD>**Spiritual skills**</BOLD> help the individual find meaning in and understand the personal significance of an unexpected event.</P></ITEM>  <ITEM><P><INST>•  </INST><BOLD>**Behavioral skills**</BOLD> involve seeking information as the first step in the problem-solving process.</P></ITEM>  <ITEM><P><INST>•  </INST><BOLD>**Interpersonal factors**</BOLD> include relationship correlations in suicide disorders.</P></ITEM>  <ITEM><P><INST>•  </INST><BOLD>**Biological factors**</BOLD> underlie certain psychiatric disorders.</P></ITEM></BL></TB>  <TB><P>Application</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 4.3</P></TB></UNTBL> |
| <TB><P>Select all that apply.</P></TB> |
| <TB><LL><ITEM><P><INST>a.  </INST>Affective skills.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Spiritual skills.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Biological factors.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Interpersonal factors.</P></ITEM> |
| <ITEM><P><INST>e.  </INST>Behavioral skills.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**4.4**</BOLD> The nurse knows the client has recently been diagnosed with cancer. The client denies the diagnosis has been made. The nurse knows the client is feeling overwhelmed, and the denial actually indicates:</TB> | <TB>Answer: c</TB>  <TB>Rationale: Cognitive skills help the individual in coping temporarily and in long-term resolution of the crisis. Denial may be temporarily effective. To prevent feeling overwhelmed, individuals may deny the unexpected event or its possible consequences. Denial is not a diagnostic skill. Spiritual skills help the individual find meaning and personal significance in the event; this client denies the event has occurred. A person who is in denial is not using the psychosocial skills of seeking information or of being open to accepting the comfort, support, and information offered by others.</TB>  <TB><P>Analysis</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 4.4</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>A spiritual skill.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>A diagnostic skill.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>A cognitive skill.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>A psychosocial skill.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**4.5**</BOLD> The student nurse remarks that some clients in the mental health unit seem to exhibit greater psychosocial skills. These clients would be expected to:</TB> | <TB>Answer: a</TB>  <TB>Rationale: Psychosocial skills enable a person in crisis to maintain relationships with family and friends throughout and after the crisis period. Affective skills focus on managing feelings, behavioral skills involve seeking information, and spiritual skills help clients find meaning in ongoing issues.</TB>  <TB><P>Analysis</P>  <P>Assessment</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 4.5</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Maintain peer and family relationships throughout a crisis.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Focus on managing feelings.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Seek information.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Find meaning in ongoing issues.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**5.1**</BOLD> A client who was seriously injured in an automobile accident now exhibits great anxiety when driving and is always watching for other vehicles that may spin out of control. The nurse knows cognitive-behavioral therapy is appropriate for this client because it teaches:</TB> | <TB>Answer: d</TB>  <TB>Rationale: The goal of cognitive-behavioral therapy is accurate and rational thinking based on logic and available facts. Behavioral therapy is based on the principle that all behavior has specific consequences. Behavior is changed by conditioning—a process of reinforcement, punishment, and extinction. Play therapy is the purposeful use of play to provide information for assessment and subsequent interventions. Art therapy—the use of painting, drawing, sculpting, or other media—is a way for children and adults to express what is contained in the unconscious.</TB>  <TB><P>Analysis</P>  <P>Planning</P>  <P>Psychosocial Integrity</P></TB>  <P>Learning Objective 5.1</P></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Expressing what is contained in the unconscious.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>A process of reinforcement, punishment, and extinction.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Information provided for assessment and intervention.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Accurate and rational thinking based on logic and available facts.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**5.2**</BOLD>  A therapist has asked a client to use journaling to re-experience the childhood trauma of witnessing a sibling killed in an accident. This client is most likely in:</TB> | <TB>Answer: a</TB>  <TB>Rationale: Part of individual psychotherapy is the telling of one’s story through talking or journaling, allowing the client to re-experience emotions from a more objective perspective. The goal of family therapy is to focus on family dynamics; there is no indication this client is part of a family group. Group therapy helps members recognize dysfunctional ways of relating to others. Task groups are product oriented.</TB>  <TB><P>Analysis</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 5.2</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Individual psychotherapy.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Family therapy.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Group therapy</P></ITEM> |
| <ITEM><P><INST>d.  </INST>A task group.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**5.3**</BOLD> A college sophomore, recently diagnosed with schizophrenia, has just left school in the middle of the second semester. The nurse providing family therapy is helping the family:</TB> | <TB>Answer: d</TB>  <TB>Rationale: In family therapy, the family system is treated as a unit and the focus is on family dynamics. The goal is to help families cope, improve their communication and interpersonal skills, establish boundaries, and moderate family cohesion and flexibility. The nurse may not be able to prevent future psychological episodes. Emotional support is warranted, but happiness is subjective. Trepidation would not be a goal of family therapy.</TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 5.3</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Maintain faith, respect, and trepidation.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Prevent future episodes, maintain safety, and develop a rapport with other families.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Provide hope, support, and happiness.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Cope, improve communication, and establish boundaries.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**5.4**</BOLD> The nurse is working with a client experiencing depression. The client has three children, one of whom was recently diagnosed with bipolar disorder. The nurse will most likely encourage the client to engage in:</TB> | <TB>Answer: b</TB>  <TB>Rationale: Family therapy is recommended when the nurse determines that the family system is impaired because of the presence of a psychosocial problem or mental disorder in one or more family members. Group therapy may be helpful for family members at some point, but it is not the current need. There is no indication in the scenario that behaviors need to change. Art therapy focuses on what is contained in the unconscious, which is not the priority need for this family.</TB>  <TB><P>Analysis</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 5.4</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Group therapy.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Family therapy.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Behavioral therapy.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Art therapy.</P></ITEM></LL></TB> |
| <UNTBL><TB><P><BOLD>**6.1**</BOLD> The student nurse is learning that, regardless of the type of group, the therapist is responsible for:</P> | <TB>Answers: b, c, d</TB>  Rationale:  <TB><BL><ITEM><P><INST>•  </INST><BOLD>**Encouraging stability in group membership.**</BOLD> A task of the group leader is to encourage members to remain in the group.</P></ITEM>  <ITEM><P><INST>•  </INST><BOLD>**Establishing behavioral expectations.**</BOLD> A task of the group leader is to establish a code of behavior and norms within the group.</P></ITEM>  <ITEM><P><INST>•  </INST><BOLD>**Self-evaluation.**</BOLD> Self-evaluation is important for all health care workers. The therapist must self-evaluate to be able to be objective and nonjudgmental.</P></ITEM>  <ITEM><P><INST>•  </INST><BOLD>**Working with client’s families.**</BOLD> It is not the role of the group leader to work with family members not in the group.</P></ITEM>  <ITEM><P><INST>•  </INST><BOLD>**Communicating with other health care professionals.**</BOLD> Most group leaders would communicate with other health care professionals, but that is not necessarily part of the responsibility of the group leader.</P></ITEM></BL></TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 6.1</P></TB></UNTBL> |
| <P>Select all that apply.</P></TB> |
| <TB><LL><ITEM><P><INST>a.  </INST>Working with client’s families.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Establishing behavioral expectations.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Self-evaluation.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Encouraging stability in group membership.</P></ITEM> |
| <ITEM><P><INST>e.  </INST>Communicating with other health care professionals.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**6.2**</BOLD> As group leader, the nurse leader assumes two roles during the therapeutic process:</TB> | <TB>Answer: a</TB>  <TB>Rationale: Throughout the therapeutic process, the nurse group leader assumes the role of technical expert, using a variety of nondirective or directive approaches, and the role of a model-setting participant, shaping behavior by the example set in personal behavior within the group. Recreational and occupational therapists are licensed professionals who utilize therapeutic techniques on an individual or group basis. <ITAL>*Curanderos*</ITAL> are part of a cultural healing tradition found in Latin America.</TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 6.2</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Technical expert and model-setting participant.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Model-setting participant and recreational therapist.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Recreational therapist and curandero.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Occupational therapist and <ITAL>*curandero*</ITAL>.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**6.3**</BOLD> The nurse’s role in the task group is to:</TB> | <TB>Answer: b</TB>  <TB>Rationale: Task groups are designed to carry out a particular type of task and are product oriented. The nurse’s role in the task group is to keep the group on task and to facilitate appropriate interaction. The other answer choices do not relate to task groups.</TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 6.3</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Encourage adaptive behavior.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Facilitate appropriate interaction.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Educate community members.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Make therapy available to more people.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**6.4**</BOLD> What difference in results did researchers find between depressed individuals assigned to telepsychiatry and those assigned to in-person treatment?</TB> | <TB>Answer: c</TB>  <TB>Rationale: Telepsychiatry is becoming a more common way to provide treatment for mental disorders from a distance. In a randomized, controlled trial, 119 individuals experiencing depression were assigned to either telepsychiatry or in-person treatment. Both forms of treatment lasted six months and consisted of medications, psychoeducation, and brief supportive counseling. Researchers found no significant differences between the two groups in terms of symptom improvement, remission, treatment adherence, or client satisfaction (Ruskin, et al., 2004).</TB>  <TB><P>Analysis</P>  <P>Evaluation</P>  <P>Psychosocial Integrity</P></TB>  <P>Learning Objective 6.4</P></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Clients experienced a 52% decrease in symptoms with in-person treatment.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Clients experienced a 52% decrease in symptoms with telepsychiatry.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>There was no apparent difference.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Clients experienced a 20% decrease in symptoms with telepsychiatry.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**7.1**</BOLD> A client is experiencing depression that has not responded to medication. The client asks about electroconvulsive therapy. The nurse explains that no one fully understands why ECT works, but that it often leads to:</TB> | <TB>Answer: b</TB>  <TB>Rationale: Electroconvulsive therapy (ECT) produces a deliberate, artificially induced grand mal seizure of the brain lasting about a minute. No one is sure exactly why ECT works and what the seizure does to the brain. It is thought that the treatment enhances dopamine (DA) sensitivity, reduces uptake of serotonin (5-HT), increases the amount of gamma-aminobutyric acid (GABA), and activates the systems in the brain that use norepinephrine (NE). ECT may lead to shorter and less costly inpatient care. ECT may or may not lead to decreased stress on the health care team. ECT does not typicaly lead to lawsuits or catatonic clients.</TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 7.1</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Decreased stress on the health care team.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Shorter and less costly inpatient care.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>A lawsuit.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Catatonic clients.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**7.2**</BOLD> A fairly new biological treatment that converts electrical energy into magnetic fields causing the cells in the brain to fire is called:</TB> | <TB>Answer: b</TB>  <TB>Rationale: Repetitive transcranial magnetic stimulation (rTMS) is the use of a magnetic field that passes through the skull causing cells in the cerebral cortex to fire. rTMS shows promise as a noninvasive tool in improving mental disorders. Magnetic seizure therapy is the use of very high frequency rTMS to induce a controlled seizure in selected areas of the brain. Deep brain stimulation involves the surgical implant of electrodes in deep subcortical nuclei. Psychosurgery is considered a last-ditch option for people whose conditions have not responded to other treatments.</TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 7.2</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Magnetic seizure therapy.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Transcranial magnetic simulation.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Deep brain stimulation.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Psychosurgery.</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**7.3**</BOLD> Which of the following therapies might a client with depression use as a first-line therapy to improve symptoms?</TB> | <TB>Answer: d</TB>  <TB>Rationale: A biological treatment for depression is sleep deprivation. The goal of gene therapy is to transfer genes that will have a therapeutic effect on cellular function. Psychosurgery is considered a last-ditch option for people whose conditions have not responded to other treatments. Seclusion is the removal of a client from the general milieu into a single room, with or without a locked door as a security measure. These therapies are not first-line therapies for depression.</TB>  <TB><P>Analysis</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 7.3</P></TB></UNTBL> |
| <TB><LL><ITEM><P><INST>a.  </INST>Seclusion</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Gene therapy</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Psychosurgery</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Sleep deprivation</P></ITEM></LL></TB> |
| <UNTBL><TB><BOLD>**7.4**</BOLD> When teaching nursing students about clients with psychiatric disorders, the nursing instructor teaches that aromatherapy plays an important therapeutic role. Green apple oil causes a decrease in:</TB> | <TB>Answer: d</TB>  <TB><P>Rationale: Different oils may calm, stimulate, improve sleep, change eating habits, or boost the immune system. Some oils cause the brain to release enkephalins that decrease the perception of pain and increase the sense of well-being (LaTorre, 2003). Oils that may be used in the mental health field include:</P>  <BL><ITEM><P>•  Anxiety: Basil, bergamot, chamomile, green apple, lemon balm, neroli, and orange.</P></ITEM>  <ITEM><P><INST>•  </INST>Depression: Bergamot, geranium, jasmine, lemon balm, rose, and ylang ylang.</P></ITEM>  <ITEM><P><INST>•  </INST>Insomnia: Chamomile, clary sage, lavender, marjoram, neroli, and vetiver.</P></ITEM>  <ITEM><P><INST>•  </INST>Memory/mental function: Basil, black pepper, coriander, ginger, rosemary, and thyme.</P></ITEM>  <ITEM><P><INST>•  </INST>Alertness: Peppermint.</P></ITEM></BL></TB>  <TB><P>Application</P>  <P>Implementation</P>  <P>Psychosocial Integrity</P>  <P>Learning Objective 7.4</P></TB></UNTBL></ANSSET> |
| <TB><LL><ITEM><P><INST>a.  </INST>Insomnia.</P></ITEM> |
| <ITEM><P><INST>b.  </INST>Alertness.</P></ITEM> |
| <ITEM><P><INST>c.  </INST>Depression.</P></ITEM> |
| <ITEM><P><INST>d.  </INST>Anxiety.</P></ITEM></LL></TB> |